

# THE DIVISION OF HEALTH OF MISSOURI

## STANDARD CERTIFICATE OF DEATH

FILED JAN 31 1951

 State File No. **2422**  
 Registrar's No. **695**

|  |                                  |   |   |  |   |
|--|----------------------------------|---|---|--|---|
| BIRTH NO. _____  |                                  | REG. DIST. NO. <b>318</b>   |   | PRIMARY REG. DIST. NO. <b>1003</b>   |   |
| 1. PLACE OF DEATH<br>a. COUNTY _____   |                                  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b><br>b. COUNTY _____ |  |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>St. Louis</b>   |                                  | c. LENGTH OF STAY (In this place)<br>_____  |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>St. Louis</b> |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>2921a Montgomery St</b>  |                                  |   | e. STREET ADDRESS (If rural, give location)<br><b>2921a Montgomery St</b>   |  |   |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>Mollie</b><br>b. (Middle) <b>Cleveland</b><br>c. (Last) _____  |                                  |   | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>January 21 1951</b>  |  |   |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widow</b>  | 8. DATE OF BIRTH<br><b>January 12 1873</b>  | 9. AGE (In years last birthday)<br><b>78</b>   | 10. IF UNDER 1 YEAR Months _____ Days _____   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housework</b>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>OWN HOME</b>  |   | 11. BIRTHPLACE (State or foreign country)<br><b>Middlebrook Mo</b>                               |   |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>  |                                  |   |   |  |   |
| 13a. FATHER'S NAME<br><b>Herman Jacobson</b>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Mary Hitzman</b>  |   | 14. NAME OF HUSBAND OR WIFE<br><b>Late Andrew F. Cleveland</b>                                   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)<br><b>No</b>   |                                  | 16. SOCIAL SECURITY NO.<br><b>UNKNOWN</b>   |   | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Charles F. Bruckner</b>                                  |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.                                |                                  | MEDICAL CERTIFICATION<br>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Arteriosclerosis</b><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Arteriosclerosis</b><br>DUE TO (c) <b>Acute Bronchitis</b><br>2. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>6 weeks</b>                                  |
| 19a. DATE OF OPERATION<br><b>none</b>  |                                  | 19b. MAJOR FINDINGS OF OPERATION  |   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)<br><b>none</b>  |                                  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |   | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  |   |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)   |                                  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |   | 21f. HOW DID INJURY OCCUR?<br><b>H/OX</b>  |   |
| 22. I hereby certify that I attended the deceased from <b>Jan 21, 1950</b> , to <b>Jan 21, 1951</b> , that I last saw the deceased alive on <b>Jan 21, 1950</b> , and that death occurred at <b>10:15 P.m.</b> , from the causes and on the date stated above. |                                  |   |   |  |   |
| 23a. SIGNATURE<br><b>Willard H. D.</b>   |                                  | 23b. ADDRESS<br><b>2416 W. Grand</b>  |   | 23c. DATE SIGNED<br><b>1/23/51</b>   |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |                                  | 24b. DATE<br><b>January 25 1951</b>   |   | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Friedens Cemetery</b>                                   |   |
| 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis Co Mo</b>  |                                  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Calvin F. Futz</b>   |   |  |   |
| DATE REC'D BY LOCAL REG.<br><b>JAN 23 1951</b>   |                                  | REGISTRAR'S SIGNATURE<br><b>J. B. Frazier</b>   |   | ADDRESS<br><b>4828 Nat Bridge Blvd</b>   |   |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Ralph C. Linders*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4275*

P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.